

# Findings on Family Issues During Relocation for Hematology Care

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**H**ematologic malignancies are a diverse group of blood cancers classified in four broad categories. These categories include leukemia, Hodgkin lymphoma, non-Hodgkin lymphoma, and myeloma (Hassan & Abedi-Valugerdi, 2014; Jemal, Siegel, Xu, & Ward, 2010; Rodriguez-Abreu, Bordoni, & Zucca, 2007; Sant et al., 2010). Historically, treatments for hematologic malignancies have been centralized in major metropolitan specialist centers (de la Morena & Gatti, 2011). Consequently, patients from regional, rural, and remote areas have to relocate to these metropolitan centers for treatments (McGrath, 1998; McGrath, Holewa, & Etcheverry, 2011). This article presents the findings from a study examining patients' experiences of relocation for specialist hematology treatment. The article focuses on family issues, describing the effects on patients of leaving the comfort of their family and home to travel to metropolitan hospitals to receive their diagnosis and treatment. The findings are internationally relevant because the centralization of specialist hematology treatment is a worldwide trend (Brundisini et al., 2013; Payne, Jarrett, & Jeffs, 2000).

As explained by Given and Northouse (2011), oncology nurses spend more time with patients and their family caregivers than other professionals and are well positioned to provide support and guidance. Oncology nurses have a key role in providing clinical care and advocating for, supporting, and educating patients and their family at the point of diagnosis and along the continuum of care (Bilotti et al., 2011). Addressing family concerns and distress is acknowledged as an important focus for such nursing care (Grant & Ferrell, 2012; McLeod, Tapp, Moules, & Campbell, 2010). Understanding and responding to family issues associated with relocation for specialist treatment is an important aspect of nursing care for patients who have to relocate from regional, rural, and remote areas.

**Purpose/Objectives:** To present the findings from recent research on the experience of relocation for specialist treatment for patients in the hematology/oncology population.

**Research Approach:** Descriptive, qualitative study based on exploratory, in-depth interviews that were recorded, transcribed, coded, and thematically analyzed.

**Setting:** Leukaemia Foundation of Queensland, Australia.

**Participants:** A purposive sample of 45 individuals with hematologic cancer who had to relocate for specialist treatment.

**Methodologic Approach:** A descriptive, qualitative methodology actioned through open-ended, in-depth interviews with 45 participants who relocated for specialist treatment.

**Findings:** The findings indicate that relocation happens at a time when patients are particularly emotionally vulnerable from the shock of their diagnosis or relapse and the confrontation with a potentially life-threatening condition. During this time, when the need for the comfort and support of home and family is heightened, patients have to separate from their family and travel to metropolitan specialist centers. For patients from regional, rural, and remote locations, which are lengthy distances from metropolitan hospitals, the choice to return home during treatment is not a realistic option. Distance also can be a barrier that prevents family from visiting the hospital to provide support.

**Conclusions:** Individuals who have to relocate require psychosocial support. Because of the stresses associated with relocation for specialist care, many patients from regional, rural, and remote areas would prefer to be treated locally.

**Interpretation:** Understanding and responding to family issues associated with relocation for specialist treatment is an important aspect of oncology nursing care for patients who have to relocate from regional, rural, and remote areas. Because centralization of specialist hematology treatment is a worldwide trend, the findings have relevance to an international nursing audience.

**Key Words:** family; relocation; hematologic malignancies; nursing; qualitative research

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